

# RENEWAL OF GET-IN PROGRAM PARTICIPATION --2006

Name (Please Print) \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Work Department and Division \_\_\_\_\_  
Work Address \_\_\_\_\_  
Home Address \_\_\_\_\_

How long have you been participating in the GET-IN Program? \_\_\_\_ Years \_\_\_\_ Months  
(If less than one year)

Which GET-IN Transaction Center do you regularly visit to purchase your fare media?  
☐ 255 Rockville Pike ☐ Commuter Services, Silver Spring ☐ Bethesda-Chevy Chase Center

Did Transaction Center staff handle your transaction efficiently? ☐ Yes ☐ No

The Guaranteed Ride Home Provision makes it possible for any GET-IN participant or registered carpooler who needs to leave work because of an emergency to be reimbursed for taxi or transit fare from their department.

Have you used the Guaranteed Ride Home Provision during 2005? ☐ Yes ☐ No

If you answered yes, how many times did you need to ask your supervisor for leave (from your job) and get reimbursed for your taxi or transit fare? \_\_\_\_ Times

If you answered yes, how much did your taxi or transit fare cost for you to get to your emergency? \$ \_\_\_\_

**Please check the fare media you purchase through the GET-IN Program for your commute to work on public transportation.**

☐ Ride On ☐ MARC Commuter Rail  
☐ Metrobus ☐ Vanpool  
☐ Metrorail

I will be using the benefit exclusively for my regular daily commute from home to work and return. I will not give, barter, exchange, convey or otherwise transfer my benefit to any other person. I understand and agree that false certification may result in disciplinary action up to and including dismissal from employment and possible prosecution.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of GET-IN Program applicant)

***PLEASE ATTACH A COPY OF YOUR TIMESHEET!  
INCOMPLETE APPLICATION WILL NOT BE PROCESSED***

**ALL SUBSIDY MUST BE USED WITHIN THE GIVEN MONTH, AND NOT CARRIED OVER INTO THE NEXT MONTH.**

If you have any questions please call Paula Van Hagen (240-777-5883) or Charles MacArthur (240-777-5882).

**THIS SECTION MUST BE COMPLETED  
BY THE SUPERVISOR AND DEPARTMENT DIRECTOR OF THE GET-IN PARTICIPANT**

By signing this annual reapplication, I understand that \_\_\_\_\_ participates in the GET-IN Program. He/She commutes to work on public transit and does not have a parking permit from this office or the Division of Facilities and Services, Department of Public Works and Transportation. Also, should He/She need to leave the work site unexpectedly because of an emergency, the taxi or transit costs will be paid by this department. (A copy of the Guaranteed Ride Home Provision is attached.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Department Director's Signature

\_\_\_\_\_  
Print Name

**FOR DIVISION OF TRANSIT SERVICES USE ONLY**

2005 GET-IN Card Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_